



**AGRICOLA CREDIT UNION CO-OPERATIVE SOCIETY LIMITED**  
**SECONDARY ENTRANCE ASSESSMENT AWARDS**

**APPLICATION FORM**

1. MEMBER'S NAME: \_\_\_\_\_ ACCOUNT NO.: \_\_\_\_\_

2. ADDRESS: \_\_\_\_\_

3. EMPLOYER'S NAME:  
MINISTRY/DEPARTMENT: \_\_\_\_\_

\_\_\_\_\_

5. TELEPHONE CONTACT: HOME: \_\_\_\_\_ OFFICE: \_\_\_\_\_

6. EMAIL ADDRESS: \_\_\_\_\_

7. IDENTIFICATION TYPE:[ID,DP,PP] \_\_\_\_\_ NO: \_\_\_\_\_

8. **CHILD:**

(a) NAME: \_\_\_\_\_ ACCOUNT NO.: \_\_\_\_\_

(b) ADDRESS: \_\_\_\_\_

(c) SCHOOL: \_\_\_\_\_

(d) DATE OF BIRTH: \_\_\_\_\_ GENDER Male  Female

(e) S.E.A. No: \_\_\_\_\_

(f) MOTHER'S NAME: \_\_\_\_\_

(g) FATHER'S NAME: \_\_\_\_\_

(h) **EXPLANATION:**

(1) If surname of child differs from that of father or mother, please explain:

\_\_\_\_\_

(2) If surname of member differs from that of child, please explain:

\_\_\_\_\_

\_\_\_\_\_

9. State briefly if appropriate, your circumstances on which award on the **basis of need** may be considered (only for members applying on the basis of need).

\_\_\_\_\_

\_\_\_\_\_

10. ALL Applications must be submitted with the following documents:

- (1) Copy of Birth Certificate of child.
- (2) Copy of Affidavit, Deed Poll or Adoption Order [where applicable]
- (3) Copy of S.E.A. Student Performance Report
- (4) Copy of National Identification of Parent

**ELIGIBILITY:**

1. Member must be in good standing and a regular saver.
2. Membership (parent) in the Credit Union, shall not be less than one (1) year with shareholding not less than two thousand, five hundred (\$2,500.00) dollars.
3. Child must be a member of the Credit Union
4. Award is applicable based on parents continued membership in the Credit Union.

**INELIGIBILITY**

1. If you are a recipient of another award (e.g. Government Scholarship or Credit Union Grant), you are not eligible for another Bursary.
2. If you are expected to repeat the S.E.A. examinations in 2027, you are not eligible to apply.

**DECLARATION**

1. I \_\_\_\_\_ hereby certify that the information submitted by me on this application form is true based on merit and need.
2. I agree to abide with the Policy of the Credit Union that my child will be ineligible for a grant from the Society once an S.E.A. Grant is received from another Credit Union or similar organization.
3. I agree and give consent for my child to become a member of the Youth Ambassadors – the Youth Arm of Agricola Credit Union Co-operative Society Limited.
4. I agree that if my child becomes a holder of a Continuing Award and does not maintain an academic standard (B average), I would not be eligible to receive further disbursements.

\_\_\_\_\_  
**Signature**

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 2026

*Submission of an application does not guarantee selection for an award.*

-----  
**FOR OFFICIAL USE**

Received by : \_\_\_\_\_ DATE: \_\_\_\_\_

Member Status \_\_\_\_\_ Share balance criteria met : Yes  No

Bursary approved Yes  No  Amount: \_\_\_\_\_

Approved by : \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_

---